

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Ship To: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD SUBSTANCE ABUSE SPECIALTY AUTHORIZATION EDUCATION AND TRAINING

Complete this form and return directly to DSPS. You may fax/email to (608) 251-3036 or dspscreddsubstanceabuse@wisconsin.gov. Please make additional copies of this form as needed.

Substance abuse education must include at least 135 hours across the following four knowledge domains: Understanding Addiction, Treatment Knowledge, Application to Practice, and Professional Readiness, per Wis. Admin Code § MPSW 1.09(2).

The total number of contact hours submitted must equal at least 135 and you must include proof of attendance and completion, and course descriptions for all courses/seminars listed.

Applicant Information:

Last Name First Name MI Former / Maiden Name(s)

Indicate number of hours for each course in the boxes below.

				Total Classroom/Training Hours			
Title of Training	Training Offered by	Name of Trainer	Dates of Attendance (month/year)	Understanding Addictions	Application to practice	Treatment Knowledge	Professional Readiness
			From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>				
			From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>				
			From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>				
			From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>				
			From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>				
TOTALS:							